



Please complete this application and return it via email or mail.

mentoring@spectrumvt.org

Spectrum Youth & Family Services

Attn: Mentoring Program

191 North Street

Burlington, VT 05401

Basic Information

First Name _____ Middle Name _____

Last Name _____ Preferred Nickname _____

Pronouns _____

Prefix Ms.

Suffix Jr.

Other names you have used (including maiden name) _____

Contact Information

Home Phone number _____

Work Phone number _____

Cell Phone number _____

Preferred phone Home

Email Address _____

Alternate email address _____

Preferred method of contact _____

Home Address _____

City _____ State _____ Zip _____

Employment Status Non-Profit

Current Job Title _____

Current Employer _____

Business Address _____

Work City _____ Work State _____ Work Zip _____

Preferred Mailing Address Work _____

May we contact you at work? Yes No

Would you like to sign up for our mailing lists? Yes- both events & newsletter

Demographic Information

Date of Birth _____ Gender at Birth _____ Gender identity _____

Ethnicity _____

If you are currently in school, what is the status of your schooling? _____

Emergency Contact Information

Emergency contact name _____

Emergency contact phone _____

Emergency Contact Relation to Applicant _____

References

Please list at least three references whom the agency may contact in support of your application to become a mentor. At least one reference must be a professional reference who has known you for at least six months unless there are extenuating circumstances. Personal references need to have known you for at least two years.

Reference 1

Name _____ Relationship _____ Length of Relationship _____

Phone _____ Email _____

Reference 2

Name _____ Relationship _____ Length of Relationship _____

Phone _____ Email _____

Reference 3

Name _____ Relationship _____ Length of Relationship _____

Phone _____ Email _____

Application Information

How did you hear about this program?

Do you require any accommodations or supports?

Why are you interested in mentoring?

Please list any previous mentoring experience and/or work with youth:

If you could learn something new, what would it be?

Preferred Age of Child:

What are your hobbies?

If you speak any other languages (in addition to English), please list:

When would you be able to start mentoring? Immediately

Do you have reliable transportation? Yes No

Do you have a drivers license? Yes No

Do you carry automobile insurance? Yes No

Do you understand the commitment is for at least one year or school year?

Yes No

If this program is not the right fit for you, would you be interested in learning about other mentoring opportunities in your area? Yes No

If you answered yes to any of the nine questions below, please explain. Please note that answering yes does not automatically disqualify you from becoming a mentor.

Additional Information

Do you have firearms present in the home? Yes No

If yes, are they locked and securely stored? Yes No

Do you carry a firearm on your person or in your vehicle? Yes No

Are there pending criminal charges against you? Yes No

Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance? Yes No

Have you ever been arraigned for or convicted of child abuse or neglect or of sexually abusing or molesting a youth 18 or younger? Yes No

Have you ever received treatment for alcohol or substance abuse? Yes No

Have you ever been treated or hospitalized for an emotional/psychiatric condition?

Yes No

Other than the above, is there any fact or circumstance involving you or your background that could call into question your being entrusted with working with youth?

Yes No

Release Information

Media Release

The term 'Agency' is defined as Spectrum Youth and Family Services and its officers, directors, corporate affiliates, subsidiaries, parent companies, predecessors, successors, agents, representatives, coordinators, or employees.

I agree to ASSUME ALL RISKS related to my participation as a mentor and I hereby Release and Hold Harmless the Agency from and against all liability, losses claims, and demands that may result from any loss, damage, or injury to me or my property arising out of, or in any way connected with my participation as a Mentor, whether caused by the negligence of Agency, Mentor Vermont, mentee, or other mentors or the fullest extent permitted by law. This release extends to all claims of every kind and nature whatsoever, whether known or unknown, and I expressly waive any benefits that I may otherwise have under provisions of the law of VT relating to the release of unknown claim.

I understand that this release constitutes a limitation of my legal rights. I agree to allow the Agency, Mentor VT, its officers, directors, corporate affiliates, subsidiaries, parent companies, predecessors, successors, agents, representatives, coordinators, or employees to use my name and likeness in connection with my participation as a Mentor for any purpose related to advertising or promotion of the Mentor program with the Agency and Mentor VT, worldwide in perpetuity and in all forms of media, either now existing or invented in the future including ,but not limited to, publishing my photo and remarks in media pieces, newsletters, web pages or other documentation in support of the mentoring program at the agency, with mentor Vermont, or in support of promoting the mentoring cause statewide.

I understand that I have made an application for a volunteer opportunity with the agency, and it is not a commitment or promise of a volunteer opportunity by the agency. I understand that it is the agencies discretion whether to accept me as a mentor and the agency has no obligation to provide me with a reason for its decision to accept or reject me as a mentor. Furthermore, I understand and agree that I have not applied for employment with the agency and that no employment relationship exist between me and the agency.

I represent an warrant to the agency that all information that I have or will provide to the agency during the selection process. Including information on this application and in interviews with the agency, is true, correct and complete to the best of my knowledge. I further agree that I have answered and will answer all questions posed by the agency to the best of my knowledge and that I will not and will not withhold any information that would unfavorably affect my application as a volunteer position. I understand that any misrepresentations or admissions by me may be caused from my immediate rejection as an applicant for a volunteer position with the agency or my termination as a volunteer.

I hereby authorize the agency to request and obtain any and all records, documents, and information about me, including but not limited to, from employers agencies and references included on my application, necessary for the agency to evaluate my suitability as a mentor. I understand that the agency will check some or all of the following: my records on the national sex offender registry the Vermont child abuse and neglect registry, the national criminal records background check, the Vermont criminal conviction search, and the Vermont motor vehicle driving record. I hereby consent to the release of such records documents and information to agency and the agency designated representatives. I release and agreed to defend and hold harmless from liability any person or organization that provides information.

I agree to inform the agency if any of the information on this application changes or if I'm convicted of a crime, misdemeanor or felony during the time that i am involved with the agency.

I agree and acknowledge that the foregoing information may be disclosed by agency officials to persons involved in the implementation of agency activities and programs I hereby release and agree to defend and indemnify the agency, its directors, officers, partners, employees, affiliates, agents, successors, and its designated representative from any and all claims that may result from the use, release and disclosure of such information.

I have carefully read and reviewed this release and waiver of liability and I hereby confirm my understanding of its content. I am aware that this release and waiver of liability is a contract between me and the person and entities mentioned above. I accept the terms of this contract of my own free will and agree to be bound by its terms and conditions of my participation in the above activity.

Signature

Date